FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| | OMB APPROVAL | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0070 | | | | | | | |
| | Expires: May 31, 2005 Estimated average burden | | | | | | | |
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| | hours per response16.00 | | | | | | | |

| SEC USE ONLY | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| Prefix , | Serial | | | | | | | |
| l | | | | | | | | |
| DATE F | RECEIVED | | | | | | | |
| 1 | 1 | | | | | | | |

| Name of Offering (| check if this is an amenda | ment and name has changed, and indicate change.) | | ^ |
|--|--|---|--|--|
| | | of Mercator Momentum Fund III, L.P. | | |
| Filing Under (Check box(es | | tule 504 Rule 505 Rule 506 Section 4(6) | ULOE | |
| Type of Filling. | ew Finnig Antendatie | int | | PEOFIVED CO |
| | | A. BASIC IDENTIFICATION DATA | | |
| 1. Enter the information | n requested about the issu | ler | · · · · · · · · · · · · · · · · · · · | MARIA ZUUJ |
| Name of Issuer (che | eck if this is an amendmen | at and name has changed, and indicate change.) | | |
| Mercator Momentun | n Fund III, L.P. | | | |
| Address of Executive Off | ices | (Number and Street, City, State, Zip Code) | Telephone Number (inch | iding Area Gode |
| 555 S. Flower Street | | | (213) 555-8288 | |
| Address of Principal Busi (if different from Executiv | | (Number and Street, City. State, Zip Code) | Telephone Number (Inc. | luding Area Côde) |
| Brief Description of Busin | ness | | | ### #### #### #### #### #### #### #### #### ##### ##### ##### ##### ##### ###### |
| | | | | |
| Type of Business Organiz | _ | | | 03017351 |
| corporation business trust | | ted partnership, already formed other (| please specify): | |
| Ousiness trust | | | | PROCESSED |
| Actual or Estimated Date | of Incorporation or Organ | Month Year nization: 0 2 0 3 ★ Actual : Est | imated | PHOOL |
| | ion or Organization: (Ente | er two-letter U.S. Postal Service abbreviation for State | | MAR 1 8 2003 |
| | C | N for Canada; FN for other foreign jurisdiction) | C A | MAIL |
| GENERAL INSTRUCTI | | | | THOMSON |
| Federal: Who Must File: All issuers 77d(6). | s making an offering of sec | urities in reliance on an exemption under Regulation D o | r Section 4(6), 17 CFR 230.50 | l et seq. or 15 U.S.C. |
| When To File: A notice rand Exchange Commission | nust be filed no later than n (SEC) on the earlier of t | 15 days after the first sale of securities in the offering the date it is received by the SEC at the address given be a States registered or certified mail to that address. | g. A notice is deemed filed wi | ith the U.S. Securities |
| Where To File: U.S. Sec | urities and Exchange Cor | nmission. 450 Fifth Street. N.W. Washington, D.C 20 | 0549. | |
| Copies Required: Five (5) photocopies of the manua | | t be filed with the SEC, one of which must be manually | y signed. Any copies not man | ually signed must be |
| | quested in Part C, and any | all information requested. Amendments need only repo material changes from the information previously suppl | | |
| Filing Fee: There is no fe | deral filing fee. | | | |
| State: | · · | | | |
| This notice shall be used ULOE and that have ado are to be, or have been n | pted this form. Issuers re nade. If a state requires this nis notice shall be filed in | e Uniform Limited Offering Exemption (ULOE) for salelying on ULOE must file a separate notice with the he payment of a fee as a precondition to the claim for the appropriate states in accordance with state law | Securities Administrator in or or the exemption, a fee in the | each state where sales e proper amount shall |
| r | | ATTENTION | | |
| | notice will not result | states will not result in a loss of the federal e in a loss of an available state exemption unle | | |
| SEC 1972 (6-02) | Persons who respo | nd to the collection of information contained i | n this form are not IB control number. | 1 of 9 |

| | | | | BASIC ID | ENTI | FICATION DATA | | | | |
|---------------------------|---|-----------------|---------|---|---------|------------------------|--------|-------------|---------|------------------------------------|
| 2. Enter the information | on request | ed for the fo | llowin | g: | | _ | | | | |
| • Each promoter of | f the issue | er, if the issu | ier has | been organized wi | ithin t | he past five years, | | | | |
| • Each beneficial ov | • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. | | | | | | | | | |
| • Each executive of | fficer and | director of | corpor | ate issuers and of co | orpora | te general and mana | ging | partners of | partner | ship issuers; and |
| • Each general and | l managin | g partner of | f partn | ership issuers. | | | | | | |
| Ot I by () d (A) | | 7 | | | | T .: 000 | | | 1770 | 6 1 1/ |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | | Director | X | General and/or Managing Partner |
| Full Name (Last name fir | st, if indiv | idual) | | | | | | | | |
| Mercator Advisory | Group, I | LC | | | | | | | | |
| Business or Residence A | ddress (N | lumber and | Street, | City, State, Zip Coo | ie) | | | | | |
| 555 S. Flower Stree | t, Suite 4 | 1500, Los | Ange | les, CA 90071 | | | | | | |
| Check Box(es) that Apply: | | Promoter | X | Beneficial Owner | X | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name fir | st, if indiv | idual) | | | | | | | | |
| Firestone, David | | | | | | | | | | |
| Business or Residence A | ddress (N | fumber and | Street, | City, State, Zip Coo | le) | | | | | |
| 555 S. Flower Stree | t, Suite | 1500, Los | Ange | les, CA 90071 | | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name fir | st. if indiv | idual) | | | | | | | | |
| Business or Residence A | | | Street, | City, State, Zip Coc | le) | | | | | |
| Check Box(es) that Apply | . 🗂 | Promotor | | Beneficial Owner | F-1 | Executive Officer | | Director | ET1 | General and/or |
| Check Box(es) that Apply | · 🖽 | Promoter | | Belleticiai Owliei | | Executive Officer | | Director | | Managing Partner |
| Full Name (Last name fir | st, if indiv | idual) | | | | | | | | |
| | | | | | | | | | | |
| Business or Residence A | ddress (N | lumber and | Street, | City, State, Zip Coc | ie) | | | | | |
| | | | | | - | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name fir | st, if indiv | idual) | | | | | | | | |
| | | | | | | | | | | |
| Business or Residence A | ddress (N | umber and | Street, | City, State, Zip Cod | le) | | | | | |
| | | | | | | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name fir | st, if indiv | idual) | | | | | 7 | | | |
| Business or Residence A | ddress (N | lumber and | Street, | City, State, Zip Coc | le) | | | | | |
| | | | | | | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name fire | st. if indiv | idual) | | | | | | | | |
| (Dast name III | , | , | | 33 355 753 753 N. 57 35 755 5135 + 35 7155 N. | | | | | | |
| Business or Residence A | ddress (N | umber and 9 | Street | City State Zin Cod | le) | | | | | |
| | | and | | ,, zip coo | , | | | | | |
| | | (Use bl | ank she | et, or copy and use | additio | nal copies of this she | et, as | necessary) | | |

| | | | | B | . INFORMA | ATION ABO | OUT OFFEI | RING | | | | | |
|--|--|---|--|---|---|---|--|---|------------------------|-----------------------------|--------------|---------------|-------------|
| Ues the | icener ee | ld or door | the issues | intend to | cell to no | nooradita | d investors | in this of | foring? | | Yes | No | |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | X | | | |
| What is | the minin | num inuac | | | | | | _ | | | | 0,000 (S11 h | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | Yes | No | ject waiv | | |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | X | | |
| commiss If a pers or states | sion or sime on to be list, list the na | nilar remur sted is an a ame of the | eration for issociated p broker or o | solicitation erson or ag lealer. It m | who has be n of purchangent of a broore than five ation for the | sers in con oker or dea e (5) perso | nection wit ler register ins to be lis | h sales of s ed with the ted are asse | securities in SEC and/ | n the offeri or with a s | ing. tate | v | |
| ull Name | (Last name | e first, if ir | dividual) | | | | | | - | | | | |
| N/A | | | | | | | | | | | | | |
| Business o | r Residenc | e Address | (Number a | nd Street. | City, State. | Zip Code) | | | | | | | |
| lame of A | ssociated | Broker or | Dealer | | | | | | | | | <u> </u> | |
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| | | | | | ds to Solic | | | | | | | | |
| (Chec | k "All Stat | es" or ched | k individu | al States) | | | | | | | 🔲 4 | All States | |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [wv] | [WI] | [WY] | [PR] | |
| Business o | r Residenc | e first, if in ee Address Broker or | (Number a | and Street, | City, State | , Zip Code |) | | | | | | |
| tatas in W | Vhich Darc | on Listed | Une Salinit | ad or Inter | nds to Solic | it Durahas | | | | | | | |
| | | | k individu | | | | | | | | | All States | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | | | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| ull Name | (Last name | e first. if in | dividual) | | | | | | | | | | |
| | | | | | <u> </u> | | | | | <u></u> | | | |
| Business o | r Residenc | e Address | (Number a | and Street, | City, State | , Zip Code |) | | | | | | |
| lame of A | ssociated | Broker or | Dealer | | | | | | | | | | |
| | | | | | | | | | | | | | |
| States in W | Vhich Pers | on Listed | Has Solicit | ed or Inter | nds to Solic | it Purchase | ers | | | | | | |
| (Chec | k "All Stat | es" or chec | k indiviđu | al States) | | | | | | | 🗍 🗸 | All States | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | | [FL] | | | [ID] | |
| | [IN] | [IA] | | [KY] | | [ME] | [MD] | | [MI] | | | [MO] | |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | |
| [IXI] | [OC] | [عب] | [114] | [1/1] | رتا | [4 1] | [* / *] | [,, ,,] | [** *] | [** 1] | [17.1] | [11] | |

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [1] and indicate in the columns below the amounts of the securities offered for exchange and | | |
|------|--|-----------------------------|--------------------------------------|
| | already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | <u>\$_0</u> | \$ 0 |
| | Equity | § 0 | § 0 |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | | \$ <u>0</u> |
| | Partnership Interests. | \$ 99,900,000 | \$ 800,000 |
| | Other (Specify) | <u>§ 0</u> | § 0 |
| | Total | \$ 99,900,000 | \$_800,000 |
| | Answer also in Appendix, Column 3. if filing under ULOE. | | |
| 2. 1 | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero." | 1 | A |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 3 | \$ 800,000 |
| | Non-accredited Investors | 0 | \$ <u>0</u> |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3.] | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | S |
| | Rule 504 | | S |
| | Total | | 9 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ <u>0</u> |
| | Printing and Engraving Costs | X | § 40,000 |
| | Legal Fees | | § 15,000 |
| | Accounting Fees | | \$ <u>20,000</u> |
| | Engineering Fees | | \$ 0 |
| | Sales Commissions (specify finders' fees separately) | _ | \$ D |
| | | _ | |
| | Other Expenses (identify) | | \$:0 |

| | OFFERING PRICE, NUMBER | OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|-----|--|---|--|-----------------------|
| | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part CQu proceeds to the issuer." | estion 4.a. This difference is the "adjusted gross | | § 725,000 |
| 5. | Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purposes the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part Co | urpose is not known, furnish an estimate and he payments listed must equal the adjusted gross | | |
| | | | Payments to Officers. Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ <u>0</u> | s <u>0</u> |
| | Purchase of real estate | | S 0 | □ \$ <u>0</u> |
| | Purchase, rental or leasing and installation of machinand equipment | nery | <u>s</u> <u>o</u> | <u>s</u> 0 |
| | Construction or leasing of plant buildings and facilit | ies | <u>s_O</u> | □ \$ <u>0</u> |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger) | 5 0 | s <u>0</u> | |
| | Repayment of indebtedness | | | s 0 |
| | Working capital | s <u>0</u> | s <u>0</u> | |
| | Other (specify): solely for investment purposes | Andrew Control of the Control of | s <u></u> | s 725,000 |
| | | | S | s |
| | Column Totals | <u>s</u> 0 | <u>\$ 725,000</u> | |
| | Total Payments Listed (column totals added) | | s. <u>72</u> | 5,000 |
| | | D. FEDERAL SIGNATURE | | |
| sig | e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredit | th to the U.S. Securities and Exchange Commis | sion, upon written | |
| lss | uer (Print or Type) | Signature | Date | |
| М | ercator Momentum Fund III, L.P. | | March 13, 2003 | |
| Na | me of Signer (Print or Type) | Fitle of Signer (Print or Type) General Partner Managing Member | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)